Report of Risk Retention Group Premium and Tax

Risk Retention Groups that are not admitted in the State of Michigan must file this form and pay a 2% premium tax on direct business for a risk resident or located within Michigan. Report with payment is due quarterly within 30 days of the end of each quarter. Please complete each side of this form by typing or printing clearly.

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Which quarter does this report cover? 1st Quarter (January 1 to March 31) 2nd Quarter (April 1 to June 30)		Year			Name and	d mailing addre	ss of Risk F	Retention Group:			
	ly 1 to September 30) ctober 1 to December 31)	20									
	TES: Reports and payment a 30 days of the end of each qu										
	Risk Retention Tax I.D. (FEIN)		>	· •							
Total e	mount. Multiply premium by .0:	2 to compu X	ute the amou	unt due.	\$			AMOUNT		Please make check or money order for amount due, payable in U.S. dollars to:	
Premium 🏺						1 code 72 9714		71		State of Michigan	
Name and daytime pl	none number of person to conta	ict regardir	ng this form							amounts given in this report are a true a chigan for this reporting period.	
teturn this completed report with payment to:						Signature of authorized representative of risk retention group					
Surplus Lines Office of Financial and Insurance Services P.O. Box 30165 Lansing MI 48909-7720						Signer's name typed or printed				Date signed	

Section 1813 of the Michigan Insurance Code requires filing of this report and payment of premium tax by a Risk Retention Group who is not admitted in Michigan and provides, continues or renews insurance upon a subject that is resident, located, or to be performed within Michigan. This requirement applies to excess loss, catastrophe, or other insurance provided to or continued by a self-insurer from a Risk Retention Group. Failure to file as required could result in compliance action and fines or penalties. It may also result in an action to recover monies due the State of Michigan, including interest, penalty and costs incurred in the collection of these monies